Medical Home Screening Tool

The Medical Home concept was developed by the American Academy of Pediatrics and the Maternal and Child Health Bureau in an effort to encourage physicians to provide quality services for children with special health care needs. Medical practices that are considered Medical Homes demonstrate the attributes listed below. These attributes are listed in survey format so that families and physicians can determine whether the medical practice is a "Medical Home," and if not, the steps to take to qualify as a Medical Home.

Medical Florite.		lever	Sometimes	Always	
1.	Pract	ice is physically accessible.			
		Practice is located within 20 minute of patient's residence.	1	2	3
		Practice is ADA compliant.	1	2	3
		Practice is accessible by public transportation.	1	2	3
2.	Practi	ce's medical information is accessible.			
		Information on resources is made available			
	u.	in the community.	1	2	3
	b.	Assistance with managed care is offered.	1	2	3
		Counseling is offered.	1	2	3
		Ombudsman/Advocacy services are provided.	1	2	3
		Patient Education/Parent-to-Parent access services	•	_	Ū
	•	are provided.	1	2	3
	f.	Resources and information about	•	_	•
		public programs serving CSHCN are identified.	1	2	3
3	Practi	ce provides continuous medical services.			
٥.		Physician "call" is available 24 hours a day, 7 days/week.	1	2	3
		Physician sees patient same day if sick.	1	2	3
		New patient is seen within 30 days.	1	2	3
		Child has a well check within 30 days.	1	2	3
4	Practi	ce provides comprehensive services.			
٦.		Physician is knowledgeable of full range of			
	a.	patient's health problems.	1	2	3
	h	Primary, acute, extended, and family	'	2	J
	υ.	services are available.	1	2	3
	C	Medical, psychological, educational, and	•	_	Ū
	0.	behavioral help are made available.	1	2	3
	d.	Physician is knowledgeable of community resources.	1	2	3
		Physician has privileges/relationship with 24-hour	•	_	Ū
	0.	urgent and emergency care facilities.	1	2	3
5	Practi	ce is family-centered.			
٥.		Parents are recognized as patient's primary source of suppor	t 1	2	3
		Parents are recognized as experts on their children.	1	2	3
		Physician recognizes importance of family collaboration in	•	-	J
	0.	managing patient's health care.	1	2	3
	d.	Physician includes parents in the decision making process.	1	2	3

6. Pr	actice provides coordinated services.			
	a. Patient records are systematically centralized in			
	physician's office.	1	2	3
	b. Families are linked to support services.	1	2	3
	c. Physician communicates and collaborates on patient's health			
	care plan with all service providers.	1	2	3
	d. Care coordinator assists in:			
	i. scheduling,	1	2	3
	ii. assessing patient needs,	1	2	3
	iii. planning and implementation of care,	1	2	3
	iv. assurance of access to care,	1	2	3 3 3 3
	v. authorization of services,	1	2	3
	vi. service monitoring,	1	2	3
	vii. brokering or obtaining resources, and	1	2	
	viii. family support and education.	1	2	3
7. Pr	actice is compassionate.			
	a. Physician expresses concern for well being of patient/family.	1	2	3
	b. Physician actively listens to families and validates their			
	feelings.	1	2	3
8. Pr	actice is culturally effective.	_		
	a. Interpreter services are available for patients and families wh		0	0
	do not speak English.	1	2 2	3
	b. Written materials are available in Spanish.	1	2	3
	c. Patient information form and initial interview recognize and			
	openly address cultural diversity issues; e.g., use of blood,	4	0	0
	products, food restrictions, religious ceremonies, and rituals.	1	2	3
	d. Physician respects individual's and family's cultural beliefs,	4	0	2
	values, and behavior.	1	2	3
0 Rs	ink 1 – 8 according to order of <u>importance</u> (1=least important,	8-most in	nnortant)	
J. 10	ink i o decording to order or <u>importance</u> (1-least important,	0=111031 11	iiportantij.	
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	Practice is culturally effective.			

COMMENTS



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